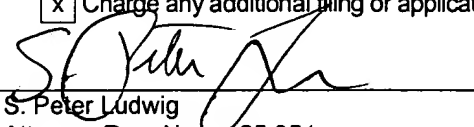


| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 06727/000H417-US0 | |
|--|---|---|-----------------------------------|-----------------------------------|------|
| Application No. 09/616,977-Conf. #7345 | | Filing Date July 14, 2000 | | Examiner Jonathan D. Schlaifer | |
| | | | | Art Unit 2178 | |
| Applicant(s): Aviad Zlotnick | | | | | |
| Invention: DIRECTOR SERVICE FOR FORM PROCESSING | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 33 | - 37 = | 0 | x | 0.00 |
| Independent Claims | 6 | - 6 = | 0 | x | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 0.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u> as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
|  S. Peter Ludwig Attorney Reg. No. 25,351 | | | | Dated: <u>May 25, 2004</u> | |
| DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7770 | | | | | |
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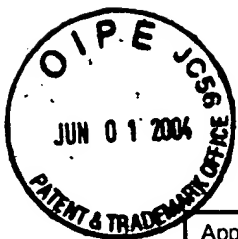


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| FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small> | | Complete if Known | |
|--|--|---------------------------------------|------------------------|
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 09/616,977-Conf. #7345 |
| TOTAL AMOUNT OF PAYMENT (\$) | | Filing Date | July 14, 2000 |
| 110.00 | | First Named Inventor | Aviad Zlotnick |
| | | Examiner Name | Jonathan D. Schlaifer |
| | | Art Unit | 2178 |
| | | Attorney Docket No. | 06727/000H412 (USC) |
| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | |
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None | | 3. ADDITIONAL FEES | |
| <input type="checkbox"/> Deposit Account: Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C. | | Large Entity Small Entity | |
| The Director is authorized to: (check all that apply) | | Fee Code Fee (\$) | |
| <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments | | Fee Code Fee (\$) | |
| <input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) | | Fee Description | |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | Fee Paid | |
| FEE CALCULATION | | JUN 08 2004 Technology Center 2100 | |
| 1. BASIC FILING FEE | | | |
| Large Entity Small Entity | | | |
| Fee Code Fee (\$) | | | |
| 1001 770 2001 385 Utility filing fee | | | |
| 1002 340 2002 170 Design filing fee | | | |
| 1003 530 2003 265 Plant filing fee | | | |
| 1004 770 2004 385 Reissue filing fee | | | |
| 1005 160 2005 80 Provisional filing fee | | | |
| SUBTOTAL (1) (\$) | | 0.00 | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | |
| Total Claims ** = | | Extra Claims Fee from below Fee Paid | |
| Independent Claims ** = | | | |
| Multiple Dependent | | | |
| Large Entity Small Entity | | | |
| Fee Code Fee (\$) | | | |
| 1202 18 2202 9 Claims in excess of 20 | | | |
| 1201 86 2201 43 Independent claims in excess of 3 | | | |
| 1203 290 2203 145 Multiple dependent claim, if not paid | | | |
| 1204 86 2204 43 ** Reissue independent claims over original patent | | | |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent | | | |
| SUBTOTAL (2) (\$) | | 0.00 | |
| **or number previously paid, if greater; For Reissues, see above | | | |
| SUBMITTED BY | | (Complete if applicable) | |
| Name (Print/Type) S. Peter Ludwig | | Registration No. (Attorney/Agent) | 25,351 |
| Signature | | Telephone | (212) 527-7770 |
| | | Date | May 25, 2004 |

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Dated: _____



Application No. (if known): 09/616,977

Attorney Docket No.: 06727/000H417-US0

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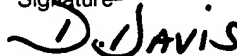
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on June 1, 2004
Date



Signature



Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

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Amendment Transmittal Letter (1 page)
Amendment (12 pages)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
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